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FROM: Rick Shoop

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ATTORNEY DOCKET NO.: 146712010200 CLIENT REF. NO.: STL 3182
GROUP ART UNIT: 3682
EXAMINER: L. Footland
SERIAL NO.: 10/602,422
FILING DATE: June 23, 2003
INVENTOR: Anthony J. AIELLO
TITLE: FLUID DYNAMIC BEARING ASYMMETRY PRESSURE FEEDBACK

Papers attached:

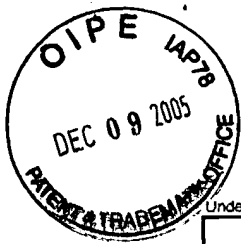
1. Transmittal (1 page)
2. Form PTOL 85 - Part B - Fee(s) Transmittal + duplicate copy for fee processing (2 pages)
3. Power of Attorney (1 page)
4. Statement Under 37 CFR 3.73(b) (1 page)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/602,422	
	Filing Date	June 23, 2003	
	First Named Inventor	Anthony J. AIELLO	
	Art Unit	3682	
	Examiner Name	L. Footland	
Total Number of Pages in This Submission	5	Attorney Docket Number	146712010200

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Form PTOL 85 - Part B - Fee(s) Transmittal + duplicate for fee processing (2 pages) 2. Statement Under 37 CFR 3.73(b) (1 page) 3. Fax cover sheet
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
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